

<b>Effective on 12/06/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).</b>		<b>Complete if Known</b>	
<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">For FY 2008</h2>		Application Number	10/529,880-Conf. #7737
		Filing Date	November 17, 2005
		First Named Inventor	Yoshifumi YAOI
		Examiner Name	M. T. Tran
		Art Unit	2827
		Attorney Docket No.	0020-5364PUS1
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	460.00	

<b>METHOD OF PAYMENT (check all that apply)</b>	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account            Deposit Account Number: 02-2448            Deposit Account Name: Birch, Stewart, Kolasch & Birch,	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Credit any overpayments	

### FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____

2. EXCESS CLAIM FEES		Small Entity														
Fee Description	Fee (\$)	Fee (\$)														
Each claim over 20 (including Reissues)	50	25														
Each independent claim over 3 (including Reissues)	210	105														
Multiple dependent claims	370	185														
<table style="width: 100%;"> <tr> <th style="text-align: left;">Total Claims</th> <th style="text-align: left;">Extra Claims</th> <th style="text-align: left;">Fee (\$)</th> <th style="text-align: left;">Fee Paid (\$)</th> </tr> <tr> <td>27</td> <td>43</td> <td>= 0 x _____ =</td> <td></td> </tr> </table>		Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	27	43	= 0 x _____ =		<table style="width: 100%;"> <tr> <th style="text-align: left;">Multiple Dependent Claims</th> <th style="text-align: left;">Fee (\$)</th> <th style="text-align: left;">Fee Paid (\$)</th> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)	_____	_____	_____
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Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)														
_____	_____	_____														
<table style="width: 100%;"> <tr> <th style="text-align: left;">Indep. Claims</th> <th style="text-align: left;">Extra Claims</th> <th style="text-align: left;">Fee (\$)</th> <th style="text-align: left;">Fee Paid (\$)</th> </tr> <tr> <td>2</td> <td>4</td> <td>= 0 x _____ =</td> <td></td> </tr> </table>		Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	2	4	= 0 x _____ =								
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)													
2	4	= 0 x _____ =														
HP = highest number of total claims paid for, if greater than 20. HP = highest number of independent claims paid for, if greater than 3.																

3. APPLICATION SIZE FEE			
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)
- 100 = _____	/50 = _____	(round up to a whole number) x _____	= _____
			Fee Paid (\$)
4. OTHER FEE(S)			
Non-English Specification \$130 fee (no small entity discount)			
Other (e.g., late filing surcharge) 1252 Extension for response within second month			460.00

SUBMITTED BY		Registration No.		Telephone	
Signature	_____ Terrell C. Birch	(Attorney/Agent)	19,382	(703) 205-8000	
Name (Print/Type)			Date	November 15, 2007	